BINDING

RESERVED

RGIN

S. No.

OCCUPA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A 18 18 18 18 18 18 18 18 18 18 18 18 18	=			
Other contributory causes of importance:		Other contributory causes of importance:	- 3-11	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06942
1. PLACE OF DEATH	
County Callery	Registration Dist. No.
Village or City / Sycoms 20	Cosced St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
Length of residence in city or town where death occurredyrsmos	gs. How long in 0.5. If of foreign bitth?
2. FULL NAME	erry
(a) Residence: No. (Osual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male 7 OR DIVORCED (write the word)	0/,193 4
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
0.0. 12 1912	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Month Pays If LESS than	I last saw h elive on, 19; death is said to have occurred on the dete stated ebove, et
//_ // 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Waltuman SAWYER, BOOKKEEPER, etc.	acehustal
A Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Mowning
	7
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME & Journ, Eller .	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
=	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur? Williams Why
No a ht Bu leve	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	7.
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury All over to a. d.
Place Stop he del. Date 11,19	Nature of injury
19 UNDERTAKER a. Hackness + for	24. Was disease or injury in any way related to occupation of deceased?
(Address) Mutual Jud.	If so, specify
20. FILED 7/11 1934 J. M. Trung	(Signed) M. D.
Registrar.	(Address) Now The king, Med
YC 11 1 11 11 11 11 11 11 11 11 11 11 11	NOTE OF THE PROPERTY OF THE PR

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Example I	l d	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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ATE	OF	MARYLAND	-CERTIFICATE	OF	DEATH	06943
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1. PLACE OF DEATH	97	
county Calvert	Registration Dist. No. 50	
	NoSt.,St.,St.,St.,	
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Deujamen Joo	W.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildowed Wildowed	21. DATE OF DEATH (Month) (Day)	(Year)
5e. If married, widowed, or divorced HUSBAND OF (or) WIFE of Dopline Foote	22. I HEREBY CERTIFY. That i attended de	ceased from
6. DATE OF BIRTH (month, day, and year) March 20-1857	7.0.3 31	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 P. m.	
7 4 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade proposion or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. O Date deceased last worked at this occuration (month and	arterioclerous	1930
10 Date deceased last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) Oliver (State or country) Maryland	Other Contributory Causes of Importance:	
E 13. NAME Thomas I. Foste		
13. NAME Thomas I. Foote 14. BIRTHPLACE (city or town) Q. Q. Country (State or country) Many and	Neme of operation Date of	
15. MAIDEN NAME Unleusting	What test confirmed diagnosis? Wes there en au'	opsy?
16. BIRTHPLACE (city or town) Jankers	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Word alex. Goote (Address) Costers ma	Where distinjury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E,
18. BURIAL, CREMACION, OR REMOVAL Med 122 34	Manner of injury	
19. UNDERTAKER W. G. Sewell Md. (Addiess) Fringe Friderich . Md	24. Was disease or injury in any wey related to occupation of deceesed?	
20. FILED 7/27, 1934 AVE SEPTES. Registrat.	(Signed) 6 A Soller - (Address) Folomorio, Md	/M. D.

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LOFAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

-WRITE

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V. S. No. 1

should state OCCUPA- 06944

Registration Dist. No.	<i>)</i>
NoSt.,	Ward
ds. How long in U.S. If of foreign birth?yrsmos	
L' Garner.	
St., Ward. If nonresident give city or town and S	Stale
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day)	1903 4 (Year)
I last saw h Lin alive on July 4 1934 to have occurred on the dete stated above, at 8 4 5 m.	eceased from , 19
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
	Onto or onset
arterisclerosis	1728
/	
Other Contributory Causes of Importance: Cerebral Hemonloge	14/34
Name of operation Date of	
What test confirmed diagnosis? Was there an au	'opsy?
23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide? Date of Injury	19
Where distinjury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
Manner of Injury	
Nature of injury	
24. Was disease or injury In any way related to occupetion of deceased?	
(Signed) (e) Clev	M. D.
(Address) Solomono. Ma	JIVI. D.
-	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAS			
			9.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATI	E OF I	MAR	YLAND-	CERTIFICATE OF DEATH 065	345
1	PLACE OF DEATH	,			23	
	County Cally	erv			Registration Dist. No. 60	
	Village or City Old	vek			No.	Ward
	Length of residence in city or town	where death occ	urred	Vre mo	f death occurred in a horpital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?yrsmos	imber)
2	FULL NAME M	and	4	Gro	1.5. How long in 0.3, if of foreign birth?yrsmos	ds.
	(a) Residence: No.	(1	Jsual place of	of abode)	St., Ward. [f nonresident give city or town and S	
	PERSONAL AND STA				MEDICAL CERTIFICATE OF DEATH	late
3. S	Male Glored		GLE, MARK DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH July 22 (Month) (Day)	1953 4/ (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	e l	fro	15/-	22. 1 HEREBY CERTIFY, That I attended de	
6. D	ATE OF BIRTH (month, day, and year)	Tun	re 1	2 1899	Viest saw h DX alive on hule 12 10 34.	, 193.4
7. A			Days	If LESS than	to have occurred on the date stated above, at 5 Am.	neath 12 2ain
	35-1/		10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Z	8. Trade, profession, or particular kind of work done as SPINNE	R				Oate of onset
Ĕ	kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which	1			(Julmonary Turrellors	1430
UP.	work was done, as SILK MILL, SAW MILL, BANK, etc.	Am	sew	ye 6	(/
OCCUPATION	Date deceased last worked at this occupation (month and year)		11. Total the span	ne (years)		
12	DIDTUDI ACE (situar taum)	ole	ber	, 8	Other Contributory Causes of Importance:	
16. 1	(State or country)	any	an			
ER	13. NAME GEORG	e //2	en	X a		
FATHER	14. BIRTHPLACE (city or town)	Cal	vers	- Co.	Name of operation Date of	
-	(State or country)	nan	jea	ud	What test confirmed diagnosis? Was there an au'	
HER-	15. MAIDEN NAME ann	il &	rele	's	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	ppsyr
MOTHER	16. BIRTHPLACE (city or town)	1-ma	hyp	Co	Accident, suicide, or homicide? Date of injury	19
Σ	(State or country)	mas	yes	na	Where distinjury occur?	
	NFORMANT DOLL (Address) Oliv	ct-1	no	((Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. E	Place Place Place	L. Date	July	123,19 34	Manner of injury	
19. U	NDERTAKER (Address) Pringer	rede	rick	ind.	24. Was disease or Injury In any way related to occupation of deceased?	•
20. F	ILED 7/27,1934	NY.E	Sit	Registrar.	(Signed) Q Coller Ma	Лм. D.
	If	more blanks are	needed, ad		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH	TEST TEST
	County Calvery,	Registration Dist. No. 50
	Village or City Drum Pourt, mg	No. St Ward
	Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U. S. If of foreign birth?mosds.
2	2. FULL NAME Saraly Jane 78	farrod
	(a) Residence: No. Cove Portor Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 7 3/4 (Month) (Gay) (Yeer)
5e.	If merried, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
6.	DATE OF BIRTH (month, day, and year) Sept. 30-1907	19
7	AGE Years Months Days If LESS than	to heve occurred on the dete steted above, et
	26 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Z	8. Trede, profession, or particular kind of work done, es SPINNER,	Date of onset
TIC	SAWYER; BOOKKEEPER, etc	
UPA	work was done, es SILK MILL, SAW MILL, BANK, etc	acceptated of Gerning.
OCCUPATION	10. Date deceased lest worked et 11. Total time (years) 10.	(/
_	this occupetion (month end spant in this year) occupetion	
12.	BIRTHPLACE (city or town) Manyland	Other Contributory Causes of Importance:
	(State or country)	
ER	13. NAME John Harrod	
FATHER	14. BIRTHPLACE (city or town) Cove Pour	Name of operation Dete of
-	(State or country) manyland	Whet test confirmed diegnosis? Was there en autopsy?
HER	15. MAIDEN NAME Sestelle Harrod	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) Core, Formy	Accident, suicide, or homicide? Accident Date of Injury 7, 19 34
-	(State or country) manyland	Where dis injury occur? William Pour, Jud. (Specify city or town, county and State)
17.	INFORMANT (Lells) 1850-187	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Good of of meland
	Place Olives. md Dete 18 ,194	Neture of injury accumulated Frenching
19.	UNDERTAKER Wilson Mason	24. Was disease or injury in any way releted to occupation of deceased?
	(Address) (Prince Greferich, mid	If so, specify
20.	FILED 18 , 1934 AVESTOTES	(Signed)
-	Registrar.	(Address) Tolornons, Ina

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.



RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 06947
1. PLACE OF DEATH	(19)
County actual	Registration Dist. No. 5/
Village or City / Mullel	No. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME TO ME MUSICAL A	leuson
(a) Residence: No. Mulual	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX. 4. COLOR OR RACE OR DIVORCED (write the word)	
Sa. If married, widowed, or divorced	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I ettended deceased from
0 RX	19. 19. 19. 19. 19. 19.
6. DATE OF BIRTH (month, day, end year) January 20, 1134	Mast saw h; death is sai
7. AGE Years Monthy Days If LESS than	
6 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Malysuus-
SAWYER, BDOKKEEPER, etc	a cull gastis culeures
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et this occupation (month and	
10. Oate deceased lest worked et this occupation (month and spant in this	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town) Mutual	Other Coutributory Causes of importance:
(State or country)	
13. NAME Benjamin Kenson	
13. NAME Dengamin Newson 14. BIRTHPLACE (city or top) Church Co	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME VISPA FRANKS	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME VIDEN FRANKE 16. BIRTHPLACE (city or town) Clearly (State or couples)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
Barres House	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address) While I had.	Specify whether injury occurred in INDOSTAT, in ADME, of the POBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Carolles Date / 26 ,19	Nature of injury
1 . C h	24. Was disease or injury in any way related to occupation of deceesed?
19. UNOERTAKER (Address)	If so, specify
7/21 34 0 4	(Signed) M. M.
20. FILED 19 7 X. Refiner.	1 Della pa Mis allente
If more blanks are needed, address Stale Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MEDITALI V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6948
1. PLACE OF DEATH	93-2
County Calvert	Registration Dist. No. 5 2
Village or City Town Marklow	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME The Joseph Human	
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Arrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fames Himman	22. I HEREBY CERTIFY, That I attended deceased from
A 55 1010	June 1 1974, 10 1974
6. DATE OF BIRTH (month, day, and year) Uug 2 1 868 7. AGE Years Months Date If LESS than	I last saw h. alive on 1974; death is said
6	to have occurred on the date stated above, at C_X_/L_m. The PRINCEPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.	Myoraidets 5/1424
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME page Carriele	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sophia Burns	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, Date of Injury, 19
17. INFORMANT Bermand Cruminge	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) June Mouldant 18. BURIAL, CREMATION, OR REMOVAL	
Place Louden park Date July 10, 1934	Manner of injury
19. UNDERTAKER 20. H. Hutchins	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?
(Address) Qwings	If so, specify
20. FILED July 9, 1934 m. 3, Cox	(Signed) Hyl Wang M. D.
Régistrar.	(Address) They

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

ż

PLACE OF DEATH unty Calver



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 52

2FULL NAME Wittel Howe	St.; Ward) St.; Ward) a hospital or institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1934
March (Month) (Day) (Year)	that I last saw h alive on 1924.
70 yrs. 4 mos. 10 ds. or min.?	and that death occurred on the date stated above, at . 2 m The CAUSE OF DEATH! was as follows:
B OCCUPATION (a) Trade, profession or Return Swellie (b) General nature of industry business, or establishment in	Primary Court: Carelist herwings.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) *State the Disease Causing Death, of In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Balara Wilkerson 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) James Just (Address) Quin) Mg	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Frendrhys 20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specimearure, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The materia 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH (16950)
County Catally.	Registration Dist. No.
	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
110 in //-tal.	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME CLINE Hytelign	ugs
(a) Residence: No. (Usual place of ahode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Leweld 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If married, widowed or divorced HUSBAND of (or) WIFE of Sullius Hutchings	22. I HEREBY CERTIFY, That tettended deceesed fr
DATE OF BIRTH (month, dey, and year)	I last saw h alive on 19 ; death is s
AGE Years Months Deys If LESS then 1 day,hrs	to heve occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chrome Glomenta Repliet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et	July 1,
10. Dete deceased last worked et this occupetion (month end year)	
2. BIRTHPLACE (city or town) Caluettey (State or country)	Other Contributory Causes of Importance:
13. NAME James Mackall 14. BIRTHPLACE (ally or town) State of country) (State or country)	Neme of operation Dete of West here en autopsy?
16. BIRTHPLACE (city or town) A Wash of	23. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(State or country) (INFORMANT Wilson Sewell	Where did injury occur?
(Address) Dules Miles	
B. BURIAL, CREMATION, OR REMOVAL). Dete 7/5 194	Manner of injury
9. UNDERTAKER M. Y. Survee (Address)	24. Was diseese or Injury in eny wey releted to occupetion of deceesed?
0. FILED 7/5 1934 Q.M. Frank	(Signed) Talge RMM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a selesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06951
1. PLACE OF DEATH	- Ju
County Calvert	Registration Dist. No. 5/
Village or City PORT Republic	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Nafka	B 00 W11
(a) Residence: No. 34/6 Holines (Usual place of abode)	St., Ward. State Ward Man State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowod, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaasad from
Mar 1 1881	I last saw h. aliva on, 19, 19, 19
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yaers Months Oays If LESS than	to have occurred on the date stated above, et 1035.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profassion, or particular	were as follows: Nowned Rul Date of onese
Z S Trede, profassion, or particular kind of work dona, es SPINNER, Clerks SAWYER, BOOKKEPER, atc.	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et this occupation (month and spent in this spent in th	
SAW MILL, BANK, etc.	
year)	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Additional (State or country)	
13. NAME Joseph Caftee 14. BIRTHPLACE (city or town) Cluster (State or country)	
4 14. BIRTHPLACE (city or town) Cutton (State or country)	Name of operation
	What test confirmed diegnosis?
1	23. If death was due to external causes (VIOLENGE) fel In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Sacule Kalka (Addrass) 3411 Kalines Aug.	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 8/	Mannar of Injury
Placa Dalto., red. Date 12,1934	Nature of Injury
19. UNOERTAKER A. A. Harknesst Son (Address) Mulual Med.	24. Was disease or Injury In eny way related to occupation of deceased? 100
20. FILEO 7 , 1934 Q.M. Jeegistar.	(Signad) (Address) Al Marke Diederick
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
- 11 V 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Body Canal Stocker, in Resource Be	200
Done PX Qua 1,11934 at 330 /laived to	15
There were no marker of violence the fra	ela
was bloated from neck up, more than all	e freez

TION is very important. See instructions on back of certificate.

OR DIVERCED (aurise the word) Sa. If married, widowed, or divorced HUSBAND of (Or) WIFE of OR DIVERCED (aurise the word) (Month) (Day) (Year) 22. I HEREBY CERTIFY, That lattended deceased from The property of the word) (Year)	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Action of residence in city or town where death occurred Yrs moz	1. PLACE OF DEATH	
(If death occurred in a hospital or institution, aver in NAME interest of treet and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (C) Institute of abodo)	county Calvert	Registration Dist. No. 5
Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. 1/2 1/10 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Village or City Terrord Beach	Und The colle c St. Ward
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		7

CEDTICIOATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County County	Registration Dist. No. 5/
Village or City Length of residence in city or fown where Path occurred yes.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME TULE AND	An 1 od foreign birth? yrs. mos.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) 6, 193 (Year
HUSBAND of (or) WIFE of Cora Angel.	22. THEREBY CERTIFY, Thet Lattended deceased
DATE OF BIRTH (month, day, and year) Avg / 8 7 9 AGE Years Months Days / LESS than	I rast saw have alive on July 5, 19 3 deeth is
AGE Years Months Obays If LESS than 1 day, hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
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13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Wes there an au/opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
(en 1	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT - Mo Cora Amas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Date 1/9, 1934	/ Manner of injury
9. UNDERTAKER Me Harbas Al Son (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
70. FILED 7/9, 19 34 3.71, Telepistrar.	(Signed) make Francisco

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.00 miles	Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

of OCCUPA.

1. PLACE OF DEATH	(D)
County balwerf	Registration Dist. No. 52
Village or City Lawren Market	boro NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyr	yrsds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William	& was.
(a) Residence: No.	St., Ward.
(Usual place of about PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED,	,
OR Dayorced (wn	
5a. If married, widowed, or divorced	(Month) / (Day) (Yaér)
HUSBAND of Gory WIFE of May	22. I HEREBY CERTIFY, Thet I attended deceased from
may way	1 1 1 19 34, to 7 6 6 1, 19 3 4
6. DATE OF BIRTH (month, day, and year) aug 12, 18	1 last saw h alive on f, 19 7; deeth is said
	If LESS than to have occurred on the date stated above, at
The state of the s	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Description
SAWYER, BOOKKEEPER, etc.	v.
9 Industry or business in which work was done, as SILK MILL,	(Spotoly) 3 km
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9: Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	(years)
10. Data deceased last worked at this occupation (month and year) focupation (occupation)	this on
ny.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The De La Land
13. NAME 3 1. W MASS	
E	Name of a cardina
14. BIRTHPLACE (city or town) (State or country)	Name of operation Deta of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mother Abacle	
	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
E TIAL	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	LAS
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lower Marlbow Date July 2	2.0 , 19.3.4 Nature of Injury
711:00:00 H H. T	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER William To Julia	If so, specify
0 1. 10 211 m. B. Ca	(Signed) D. Margae, C. M. D.
20. FILED July 17., 1937. 1011 31 00)	Registrar. (Address) Two Fuderell My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cl cause of death and related causes Date of onset the were as follows: 1 week ago
reel car 1 week ago
3 days ago
outory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH 00950
1. PLACE OF DEATH	
County Colley	Registration Dist. No. 51
Village or City Mulual	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Dungamen Will	
(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Glace 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word)	21. DATE OF DEATH 25 (Day) (Pear)
5a. If married, widowed, or divorced thusband of the second of the secon	(22) I HEREBY CERTIFY) That attended deceased from
(or) WIFE of Clyabette Willelf	July 127, 1934 100 July 27, 1934
6. DATE OF BIRTH (month, day, and year) June 11. 1872	last saw hand alive on 1994, 1994, death is said
7. AGE Yaars Months ays If LESS Than	to have occurred on the data stated above, at 10 pm.
62 4 14 Iday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Careliae Decompensalin 6/1/54
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, Bookkeeper, etc.	
work was done, as SIŁK MIŁL, SAW MILL, BANK, etc.	
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Calvert Co	Other Contributory Causes of importance:
(State or country)	
13. NAME John Willett	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME . Mar gaut Dorsey?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Calyed, Co	Accident, suicide, or homicida? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Wilson Magori, (Address) June Williams b.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Wyllist pate 12 197	Natura of injury
19. UNDERTAKER Day the have thou	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED 7/2-10 , 134 2. 7. Trugh	(Signed) A State Full M. D. (Address) State Full with
	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

WE OF "

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
		1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: